

Renter

2005 Assistance Claim (for income received in 2004)

9000R

STEP 1**Name and address**

Your first name	Initial	Last name
Spouse's first name	Initial	Last name
Present home address — number and street, PO Box or rural route		Apt. no. PMB no.
City, town, or post office		State ZIP Code

STEP 2**Social security number (SSN)**

Your SSN	Your Spouse's SSN	IMPORTANT: Your SSN is required.
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STEP 3**Filing status**

1. Are you a United States citizen? Check "Yes" or "No" . . . • **1.** ☐ YES ☐ NO
 If you checked "Yes," skip line 2 and go to line 3.
 If you checked "No," go to line 2.

2. Benefit Eligibility for Noncitizens • **2a.** Alien Status Code
 If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY)

• **2b.** Alien Registration Number
 • **2c.** Date of Entry

3. Check the appropriate box if you were one of the following on December 31, 2004:

☐ A. 62 years or older (see Note on page 5, line 3a) • A ☐
☐ B. Under 62 and blind • B ☐
☐ C. Under 62 and disabled (not blind) • C ☐

4. Enter your date of birth (example: 0 5 / 2 1 / 1 9 4 2) • **4.** Date of Birth
 You must enter your date of birth MM DD Y Y Y Y

See instructions on page 5 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

STEP 4**Rental information**

5. Enter the total number of months during 2004 that you lived in a qualified rented residence in California. See instructions • **5.** _____ months

6. If the address where you lived during 2004 is different than the address you entered in Step 1, or if the address in Step 1 is a post office box, enter your 2004 residence address. (If more than one rented residence attach a list.)

Street Address City

State and ZIP Code

RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____

7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2004. (If more than one landlord attach a list.)

NAME _____

ADDRESS _____ APT. OR UNIT NO. _____

CITY _____ STATE and ZIP CODE _____

TELEPHONE () _____

STEP 5

Yearly income of household members

On line 8 through line 13 enter your household income for the 2004 calendar year below. Include the income of your spouse and certain other household members. See instructions for other household members on page 6 and page 7. (Dollars) (Cents)

8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions, Annuities, and IRA distributions	10.		
11. SSI/SSP (Gold Check). See page 7 (full-year total)	11.		
12. Rental and Business Income (or Loss)	12.		
See page 7. Do not enter your monthly rent payments.			
13. Other Income (including wages). See page 7	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP 6

Adjustments to income

15. Adjustments to income. See page 7	15.		
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STEP 7

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2004. Subtract line 15 from line 14	16.		
If line 16 is more than \$39,699, STOP. You do not qualify.			
Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

STEP 8

Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

17. Renter assistance claimed. (Cannot exceed \$347.50) See page 8	17.		
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Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP 9

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE () _____

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Worksheet to Figure the Amount of Renter Assistance, Form FTB 9000R

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2004**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2004 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 1. \$ _____
2. Enter the total number of months during 2004 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17 4. \$ _____

Example for renter less than one year: Total household income is \$13,477 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 305.00
2. Number of months shown on form FTB 9000R, line 5 2. x 9
3. Multiply line 1 by line 2 3. \$2,745.00
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 228.75

Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$9,923	\$347.50	21,837	22,497	147.50
9,924	10,585	340.00	22,498	23,159	135.00
10,586	11,247	332.50	23,160	23,819	122.50
11,248	11,909	327.50	23,820	24,480	112.50
11,910	12,571	320.00	24,481	25,144	102.50
12,572	13,233	312.50	25,145	25,805	90.00
13,234	13,894	305.00	25,806	26,466	80.00
13,895	14,556	297.50	26,467	27,127	72.50
14,557	15,218	290.00	27,128	27,789	65.00
15,219	15,880	282.50	27,790	28,450	57.50
15,881	16,540	275.00	28,451	29,112	50.00
16,541	17,202	265.00	29,113	29,774	42.50
17,203	17,865	250.00	29,775	31,429	37.50
17,866	18,527	235.00	31,430	33,083	30.00
18,528	19,188	220.00	33,084	34,737	25.00
19,189	19,849	207.50	34,738	36,391	22.50
19,850	20,511	192.50	36,392	38,045	17.50
20,512	21,172	177.50	38,046	39,699	15.00
21,173	21,836	162.50	\$39,700	And Over	0.00